

# Vermont EMS



## Examination Coordinator Guide

June 2013

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## **Introduction**

Thank you for being willing to coordinate an EMS Psychomotor Examination. This guide is intended to assist you with planning and executing a successful exam site at the Emergency Medical Responder, Emergency Medical Technician and Advanced Emergency Medical Technician levels.

The EMS office wishes to express its appreciation to EMS District 3 for creating and sharing the document found in Appendix 1. It is a letter you might consider sending to Skill Evaluators and other exam site staff a week or so before the test date to help them prepare for their roles. In the future, we hope to build training modules for evaluators on the Learning Management System (LMS).

If you have any questions or suggestions for how to improve this guide, please let us know.

## **Standardized Exam Site Schedule**

This schedule asks each EMS district to hold a psychomotor exam site open to EMR, EMT and AEMT candidates on the second Saturday of the same month each year. The schedule follows a regular and predictable clockwise pattern around the state which will allow districts to focus their resources on a single exam site per year and give candidates better options for retesting failed stations.

### **Exam Site Schedule:**

<b>Month</b>	<b>District</b>	<b>Month</b>	<b>District</b>
July	1	January	13
August	2	February	12
September	5	March	11
October	6	April	10
November	8	May	7
December	9	June	4

Each year, the district should notify the EMS office of the location, start time, Exam Medical Director and Exam Site Coordinator for your district's annual exam site.

### **General Guidelines**

- Each district is responsible for hosting one exam site during the same month each year, and the site must accommodate EMR, EMT and AEMT candidates unless a variance is granted by the EMS office.
- All exam sites are open to all candidates who have been approved by the EMS office.
- Each district will hold its annual exam site on the second Saturday of the month unless a variance is granted by the EMS office.
- To give districts time to ensure adequate personnel and resources, candidates cannot register for an exam site less than two weeks prior to the exam date without the approval of the exam site coordinator.
- The district's annual exam site must accommodate at least 25 candidates. Districts may set a cap above that amount, or for a particular level (i.e., no more than 10 AEMT candidates).
- The district training coordinator is presumed to be the exam site coordinator unless the EMS office is notified otherwise.
- District 3 is not assigned an annual exam site but routinely hosts at least two exam sites per year that exceed 25 candidates.

### **Independent Exam Sites**

If a district wishes to host an additional ("independent") exam site, they may apply for approval using the EMS Exam Request form found in the Documents section of the VT EMS website. The exam request must be received by the EMS office at least two months before the exam date. Independent exam sites require a minimum of 20 initial-attempt candidates unless expressly waived by the EMS office. Independent exam sites with fewer than 20 candidates registered two weeks prior to the exam date may be cancelled.

## **Exam Site Staffing**

### **State Exam Representative**

The State Exam Representative is a state employee who serves as the exam site proctor and your liaison to the State EMS office and the NREMT. The State Exam Representative provides the evaluation paperwork; briefs the evaluators, patient models and candidates at the start of the exam site; and is responsible for ensuring a safe and fair exam site. The State Exam Representative reviews and preliminarily scores all evaluation sheets and decides whether same-day retests will be offered. All decisions of the State Exam Representative (or Quality Assurance Committee, if convened) are final.

### **Exam Site Coordinator**

This person is assigned by the District and is the State Exam Representative's principal contact at the exam site. The Exam Site Coordinator is responsible for selecting a suitable testing location and ensuring there are enough qualified evaluators, patient models and supplies for the number of the candidates testing (*see Exam Site Facility Requirements section on page 9*). On the exam day, this person is responsible for setting up the skill stations and assigning persons to serve as evaluators and patient models. The Exam Site Coordinator must also select a Registration Clerk, Exam Medical Director, EMT Assistants and a Dispatcher.

### **Registration Clerk**

This person is responsible for using the roster provided by the State Exam Representative to check in candidates at the beginning of the exam site. The registration clerk verifies each candidate's identity (with a photo ID), exam level and the skill station(s) the candidate is scheduled to take. If a candidate is not able to produce sufficient identification, is not on the roster and/or does not present an Examination Confirmation form or a Retest Registration form, the Registration Clerk refers the candidate to the State Exam Representative.

### **Dispatcher**

The Dispatcher is responsible for using the exam site roster to send candidates to skill stations in an organized and fair manner. The Dispatcher notes the pace at which candidates are moving through stations and alerts the Exam Site Coordinator when stations should be added or closed down. Prior to beginning the exam, the Dispatcher confers with the Registration Clerk to ensure the Dispatcher's roster accurately reflects any changes made by the Registration Clerk.

### **Exam Medical Director (AEMT and Paramedic Exam Sites Only)**

At a minimum, the Exam Medical Director for the examination (MD or DO) must be available by phone or pager throughout the examination. If the designated Exam Medical Director is not available on the day of the examination, the Exam Site Coordinator must obtain a replacement Exam Medical Director. The Exam Medical Director serves as one of the three members of the Quality Assurance Committee (*see page 11 for information about the Quality Assurance Committee*). The physician serves as an excellent resource throughout the examination. His/her involvement increases the credibility of the certification process as well as providing an opportunity to observe the abilities of those who may soon be functioning under his/her medical oversight. Most Exam Medical Directors are qualified to serve as a Skill Evaluator in any skill.

### EMT Assistants

EMT Assistants are licensed EMTs (at a minimum) who serve as the trained partners for the Spinal Immobilization and the Random EMT skill stations. EMT Assistants cannot be a relative of any candidate or be biased towards any candidate being examined. *Candidates may not be tested in pairs to eliminate the need for EMT Assistants.*

### Runner (Recommended, not required)

The Runner is assigned by the Exam Site Coordinator specifically to patrol skill stations and address equipment failures, supply shortages and to shuttle completed evaluation sheets to the State Exam Representative. Runners free up the Exam Site Coordinator and State Exam Representative to focus on the overall administration of the exam site.

## **Skill Evaluators and Patient Models**

### **Skill Evaluator Qualifications**

Skill Evaluators must be currently certified or licensed to perform the skill you wish them to evaluate (specific considerations for Advanced EMT Skill Evaluators are listed below). In addition, careful attention must be paid to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the Skill Evaluator towards a particular group or the entire group of candidates. In no case should a primary instructor serve as a Skill Evaluator for any of his/her own students. Casual instructor staff may be utilized if necessary so long as they are not biased and do not evaluate any skill for which they served as the primary instructor. For example, a PHTLS instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment-Trauma Skill Evaluator but can be utilized to evaluate another skill so long as they are not biased and are qualified to perform the skill to be evaluated.

Every effort should be made to select Skill Evaluators who are fair, consistent, objective, respectful, reliable, and impartial in his/her conduct and evaluation. Skill Evaluators should be selected based upon their expertise and understanding that there is more than one acceptable way to perform all skills. You should work to obtain Skill Evaluators who are not acquainted with the candidates if possible.

All Skill Evaluators are responsible for the overall conduct of his/her skill evaluation area; ensuring the integrity and reliability of the examination; and for maintaining strict security of all test-related items throughout the examination.

All Skill Evaluators should have experience in working with EMTs, teaching, or formal evaluation of psychomotor skills; or be under the mentorship of such individuals with supportive supervision. The Skill Evaluator must possess local credibility in the field of out-of-hospital care.

The EMS office should be consulted if you are unable to locate persons that satisfy the qualifications for Skill Evaluators. Ultimate approval for assuring that Skill Evaluators meet these minimum qualifications is at the discretion of the designated State Exam Representative. The EMS office and its agents reserve the right to dismiss any Skill Evaluator for due cause at any point during the psychomotor examination.

### Special Considerations for Advanced Level skill stations

#### Ventilatory Management

The Ventilatory Management Skill Evaluator\* can be a physician, physician assistant, nurse, Vermont licensed Advanced EMT or Paramedic who is familiar with the various types of common airway adjuncts and out-of-hospital care protocols for immediate ventilation of apneic adult and pediatric patients. The Evaluator must be licensed to perform bag-valve-mask ventilation, operate various oxygen adjuncts and equipment, AND insert supraglottic airway devices (such as Combitube®, PTL®, or King LT®) in adults and pediatric patients.

#### Cardiac Management Skills

The Advanced level Cardiac Management Skills Evaluator\* can be a physician, physician assistant, critical care nurse, Vermont licensed Advanced EMT or Paramedic. The Skill Evaluator for the Cardiac Arrest Management/AED skill station can be a Vermont licensed EMT.

#### IV and Medication Skills

The IV and Medication Skills Evaluator\* must be a physician, physician assistant, nurse, Vermont licensed Advanced EMT or Paramedic who is familiar with American Heart Association ACLS guidelines and statewide protocols. The Evaluator must be licensed to establish peripheral IVs and administer intravenous bolus medications.

#### Pediatric Skills

The Pediatric Skills Evaluator\* must be a physician, physician assistant, nurse, Vermont licensed Advanced EMT or Paramedic who is familiar with ventilatory management and intraosseous infusion techniques in the pediatric patient. The Evaluator must be licensed to perform bag-valve-mask ventilation, and operate various oxygen adjuncts and equipment on pediatric patients. The Evaluator must also be licensed to establish intraosseous lines in pediatric patients.

*\*Please consult with the National Registry of EMTs at 614-888-4484 if you wish to use a health professional other than those listed as a Skills Evaluator for an Advanced level exam site.*

### **Skill Evaluator Responsibilities**

Skill evaluators are responsible for:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Evaluator must help ensure that the EMT Assistant and/or Patient Model conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material



provided by the State Exam Representative. Skill Evaluators must limit conversation with candidates to communication of instructions and answering of questions. All Skill Evaluators must avoid social conversation with candidates or making comments on a candidate's performance.

- Recording, totaling, and documenting all performances as required on all skill evaluation forms, including an explanatory narrative for any "critical failures"
- Thoroughly reading the specific scenario for the assigned skill station before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Patient Model and EMT Assistant for the assigned skill station
- Assuring professional conduct of all personnel involved with the particular skill station throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State Exam Representative

See *Appendix 1 – Skill Evaluator Prep Letter*. This letter was created by EMS District 3 to prepare their skill evaluators for upcoming exam sites.

### **Patient Model Qualifications**

All Patient Models must be at least 16 years old and of average adult height and weight. A high fidelity simulation manikin capable of responding as a real patient may also be used as the Patient Model.

## **Exam Site Facility Requirements**

Each facility utilized for the psychomotor examination should provide:

- A minimum of 100 square feet for each of the skills. Each area shall be partitioned in such a manner to allow easy entrance and exit by the candidates and prohibit observation by other candidates and non-involved personnel. Entrance to, and exit from, all skill stations should not disturb other candidates who are testing.
- A comfortable testing environment free of undue noise and distraction.
- Ample gathering space for candidates during the candidate orientation to the psychomotor examination.
- Adequate and effective heating, cooling, ventilation, and lighting.
- A waiting area adjacent to the skill stations for candidates to assemble while waiting for skill stations to open.
- Adequate restroom facilities, a drinking fountain and adequate parking with reasonable access to the examination site.
- Adequate space for the evaluator and patient model orientation. This space should visually and audibly prohibit observation by the candidates.
- Adequate security of all examination materials during the examination.
- Skill stations should be appropriately posted or marked. The State Exam Representative will provide station signs and markers.
- A table and chair in each room for evaluators. The Exam Site Coordinator may also want to provide each evaluator with a clipboard and a pen to assist with documenting all performances.
- A secure room adjacent to the skill stations with one or several large tables that will facilitate tabulation and reporting of the psychomotor examination results.

### **Same Day Retest Considerations**

The State Exam Representative may allow same-day retests of failed psychomotor stations, depending on the following factors:

- The ability of the State Exam Representative to score all psychomotor results and tabulate retest needs
- Availability of Skill Evaluators to be reoriented to different skill stations. No candidate may be retested on the same day or on any skill by the original Skill Evaluator
- Protection of all Skill Evaluators and other exam site staff from animosity or undue retribution
- The total number of candidates who need to retest skill stations
- Consensus and ability of Skill Evaluators and other exam staff to stay the additional time needed to complete all retests
- Availability of the exam site to ensure completion of the retest and associated logistics.

Candidates are only allowed one retest at an exam site, and a same-day retest counts as an additional attempt. The decision to hold same-day retests rests solely with the State Exam Representative (or the Quality Assurance Committee if convened by the State Exam Representative).

## **Quality Assurance and Complaint Resolution Procedure**

The State Exam Representative is responsible for reviewing and making final decisions for all candidate complaints pertaining to equipment failure or discrimination. In situations where the State Exam Representative needs assistance to make a final objective determination, he or she may convene the Quality Assurance Committee.

### **Quality Assurance Committee**

The Quality Assurance Committee consists of only the Exam Medical Director (if this is an Advanced EMT exam site), Exam Site Coordinator, and the State Exam Representative. If there is no Exam Medical Director (i.e., EMR and EMT exam sites), or if one of the members of the Quality Assurance Committee could be viewed as involved or partially biased, that person should be replaced by the State Exam Representative with an uninvolved, unbiased person. The State Exam Representative serves as the Chairperson of the Quality Assurance Committee. No Quality Assurance Committee meetings can be held without all members assembled. The Exam Medical Director may participate by phone (speaker) if unable to attend in person.

After the State Exam Representative receives a complaint that may be valid, he/she should provide the candidate with the Psychomotor Examination Complaint Form (*see Appendix 3*). The candidate will then be permitted adequate time to complete the form for submission to the Committee. The State Exam Representative should only permit the candidate to file a complaint based upon discrimination or equipment malfunction. The State Exam Representative should under no circumstances inform the candidate or anyone else of the candidate's pass/fail status. The candidate must remain at the examination site should any further questions develop and to await the decision of the Committee.

### **Quality Assurance Committee Guidelines:**

1. The State Exam Representative should inform the Exam Site Coordinator when a formal complaint has been initiated.
2. The State Exam Representative should notify the involved Skill Evaluator that a complaint has been filed and he/she should remain on-site to be interviewed by the Quality Assurance Committee if necessary.
3. The Exam Site Coordinator should secure a room for the Committee's deliberations.
4. The Committee will meet at a convenient time so as to not delay the remainder of the examination.
5. The State Exam Representative should acquire the skill evaluation form(s) from the skill station(s) in question. Only skill stations that have been addressed by the candidate in the written complaint should be reviewed.
6. The State Exam Representative should read the complaint aloud exactly as written. The Committee should then come to consensus as to the validity of the complaint. The Committee

should determine the necessity to interview the Skill Evaluator and/or the candidate. If interviews of both parties are required, they should be conducted separately.

7. Each member of the Committee has one vote. A majority vote rules as the official decision of the Quality Assurance Committee. After all facts have been gathered and disclosed, the Quality Assurance Committee should vote either to:

- a. Nullify the results of the skill station(s) in question regardless of the score and have the candidate repeat the skill station(s).
- b. Deny the complaint; all results in question stand as reported.

8. Any candidate whose results have been nullified should be examined again by a different Skill Evaluator.

9. The Quality Assurance Committee should complete a Quality Assurance Committee Report for submission to the State EMS Office (or NREMT for an Advanced level examination). The State Exam Representative will have this form.

10. The State Exam Representative should then meet with the candidate to inform the candidate of the Quality Assurance Committee's official decision and obtain the candidate's signature on the form acknowledging these actions were completed at the examination site.

11. The State Exam Representative should submit the EMT Psychomotor Examination Complaint Form and the Quality Assurance Committee Report to the State EMS Office (or NREMT for an Advanced level examination), along with all other examination materials.

## **APPENDIX 1 – SKILL EVALUATOR PREP LETTER**

Dear Examiner,

Thank you very much for assisting Vermont EMS District #\_\_ with a National Registry psychomotor exam! We know that your time is valuable; and we appreciate that you have committed to helping our system grow new members.

The purpose of this letter is to assist you in preparing for the exam. The email you received is from the exam coordinator. It contains your station assignment. Below are links to materials on [www.nremt.org](http://www.nremt.org) for you to review. By reviewing this material before test day, you will better understand what the expectations are of an examiner. You will also have an opportunity to clarify any issues prior to test day.

1. Please begin by reviewing the “Skill Examiner Responsibilities” that starts on page 53. Then, read about the station you have been assigned. Below is the link to the NREMT Psychomotor Examination User’s Guide:  
<https://www.nremt.org/nremt/downloads/2011%20EMt%20User's%20Guide.pdf>
2. Next, please review the skill sheet for the station you have been assigned prior to the test date. If you have any questions, please contact the exam coordinator. Becoming familiar with this new form will DEFINITELY help you on test day. Below is a link to the skill sheets used for the EMT exam: [https://www.nremt.org/nremt/about/psychomotor\\_exam\\_emt.asp](https://www.nremt.org/nremt/about/psychomotor_exam_emt.asp)
3. On test day, please arrive as early as you can – grab a coffee – and proceed to your station location. Immediately verify that you have all of the required equipment listed on the station materials sheet. TEST the equipment to make sure it works properly. If there are any issues with the station set up, please see the exam coordinator immediately.
4. If you have any problems during the exam, stop your station and report to the National Registry State Exam Representative immediately. They will have identified themselves during your examiner orientation.

Our goal is to kick off the first station as quickly as we can. If you are ready, and your station is ready, the National Registry State Exam Representative can check the station and get you started. We want to get folks through as quickly as possible. If a long period of time goes by and a candidate has not reported to your station – please go to the dispatch center and inquire why.

Remember, how did you feel when you tested your EMT? Any irregularities can derail a candidate’s performance. We are hoping for a neutral testing experience for each and every candidate. That means that everyone is treated the same, and has the same testing experience.

Thank you again for helping us. We couldn’t do it without you!

Sincerely,

## **APPENDIX 2 – EQUIPMENT LISTS**

### **EMR (Also used at the EMT and AEMT levels)**

#### **PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

- Examination gloves
- Moulage kit or similar substitute (optional)
- Outer garments to be cut away (optional)
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

#### **PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

- Examination gloves
- Moulage kit or similar substitute (optional)
- Outer garments to be cut away (optional)
- Watch with second hand
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

#### **BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT PATIENT AND OXYGEN ADMINISTRATION BY NON- REBREATHING MASK**

- Examination gloves (may also add masks, gowns, and eyewear)
- Intubation manikin (adult)
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator:
  - One oxygen cylinder must be fully pressurized with air or oxygen in order to test oxygen administration by non-rebreather mask. A second empty oxygen cylinder may be used to test BVM ventilation of an apneic adult patient.
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult)
- Suction device (electric or manual) with rigid catheter and appropriate suction tubing
- Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir, etc. for an adult)
- Stethoscope
- Tongue blade

## **CARDIAC ARREST MANAGEMENT/AED**

*The manikin must be placed and left on the floor for this skill.*

- Examination gloves
- Mouth-to-barrier device (disposable)
- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares
- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies

## **EMT Stations Not Included in EMR Examination**

### **SPINAL IMMOBILIZATION (SUPINE PATIENT)**

- Examination gloves
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (6-8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)

### **SPINAL IMMOBILIZATION (SEATED PATIENT)**

- Examination gloves
- Half-spine immobilization device\* (wooden or plastic)
- Vest-type immobilization device\*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling, Kerlex, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

### **BLEEDING CONTROL/SHOCK MANAGEMENT**

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.



## **LONG BONE IMMOBILIZATION**

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

## **JOINT IMMOBILIZATION**

- Examination gloves
- Cravats (6) to be used as a sling

### **AEMT Stations Not Included in EMT Examination**

## **VENTILATORY MANAGEMENT (ADULT AND ALTERNATIVE AIRWAY DEVICE [SUPRAGLOTTIC AIRWAY])**

*Equipment for the Pediatric Respiratory Compromise Skills is listed separately in the Pediatric Skills section below.*

- Examination gloves (may also add masks, gowns, and eyewear)
- Adult Intubation manikin
- End-tidal CO<sub>2</sub> detector (waveform capnography or colorimetric) and/or esophageal detector device (EDD)
- Syringes (10 mL, 20 mL, 35 mL, etc.)
- Stylette
- Bag-valve-mask device with reservoir
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
- Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc.)
- Suction device with rigid and flexible catheters and appropriate suction tubing
- Sterile water or saline
- Supraglottic airway to include at least one (1) of the following:
  - Combitube®, PTL®, King LT® Oropharyngeal Airway or similar
- Stethoscope
- Lubricant (silicone spray)
- 1/2" tape
- Spare batteries
- Tongue blade

## **CARDIAC MANAGEMENT SKILLS (DYNAMIC CARDIOLOGY, STATIC CARDIOLOGY, AND CARDIAC ARREST MANAGEMENT/AED)**

*The manikin must be placed and left on the floor for these skills.*

- Examination gloves
- Monitor/defibrillator (no automated, semi-automated or interpreting machines permitted) with freshly charged batteries and spares
- Arrhythmia generator compatible with manikin and monitor/defibrillator
- Defibrillation manikin
- Conductive medium (gel, pads, etc.)
- ECG paper
- Automated External Defibrillator (trainer model) with freshly charged and spare batteries
- CPR manikin that can be defibrillated with an AED Trainer

## **IV AND MEDICATION SKILLS (IV THERAPY AND IV BOLUS MEDICATIONS)**

*Equipment for the Pediatric Intraosseous Infusion Skill is listed separately in the Pediatric Skills section below.*

- Examination gloves
- IV infusion arm
- IV solutions\*
- Administration sets\*\*
- IV catheters\*\*\*
- IV push medications (prefilled syringes)\*\*\*\*
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container

NOTE: Please refer to the scenario for a detailed discussion of the following:

\* Need a selection array but may be expired

\*\* Need a selection array and must include microdrip tubing (60 gtt/cc)

\*\*\* Need a selection array and can replace with small (20-22 ga.) catheters

\*\*\*\* Must include atropine, epinephrine 1:10,000, naloxone, and dextrose 50% plus several others

## **PEDIATRIC SKILLS (PEDIATRIC INTRAOSSEOUS INFUSION, AND PEDIATRIC RESPIRATORY COMPROMISE)**

*NOTE: These skills may be set-up as part of the Ventilatory Management Skills and the IV and Medication Skills.*

### **PEDIATRIC INTRAOSSEOUS INFUSION**

- Examination gloves
- Intraosseous infusion manikin with replacement tibias (6 – 8 sticks/tibia)
- IV solutions\*
- Administration sets\*\*
- IV extension tubing or 3-way stopcock
- Intraosseous needles (Jamshidi®, electric, drill-type and/or spring-loaded device)
- Syringes (various sizes)
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Alcohol preps or similar substitute
- Bulky dressing
- Approved sharps container

NOTE: Please refer to the scenario for a detailed discussion of the following:

\* Need a selection array but may be expired

\*\* Need a selection array and must include microdrip (60 gtt/mL) tubing

### **PEDIATRIC RESPIRATORY COMPROMISE**

- Examination gloves (may also add masks, gowns, and eyewear)
- Infant manikin (approximate size of a 1 year old child)
- Bag-valve-mask device with reservoir
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways
- Selection of nasopharyngeal airways
  - Various supplemental oxygen devices (nasal cannula, non-rebreather mask with reservoir, etc.)
- Stethoscope
- Tongue blade
- Towel or other appropriate padding

## **APPENDIX 3 – NREMT PSYCHOMOTOR EXAM COMPLAINT FORM**

I wish to file a formal complaint based upon the following information in accordance with NREMT policy that was explained to me during the "Candidate's Orientation to the Psychomotor Examination." I fully understand that the decision of the Quality Assurance Committee is final and agree to abide by the Quality Assurance Committee's final and official decision.

Skill(s) in question: \_\_\_\_\_

### Summary of Circumstances:

[illegible]

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: You are advised to stay on-site until the State Exam Representative informs you of the Quality Assurance Committee's official decision.